

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 MAR 20 AM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S65907 (5)
1. Corporation Name
ADVANCE SAFETY TRADING CORP.

100001436071
-03/22/95--01034--012
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3430 NW 73 AVENUE MIAMI FL 33122 **3430 NW 73 AVENUE MIAMI FL 33122**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
07/15/1991 **02/28/1994**
4. FEI Number Applied For
65-0284933 ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**AMKGS REGISTERED AGENTS, INC.
1880 SUNBANK INTERNATIONAL CENTER
ONE S.E. THIRD AVE.
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name **RADAMES JORGE RAMOS**
82 Street Address (P.O. Box Number is Not Acceptable) **3534 N. W. ESTEPONA AVE**
83
84 City **MIAMI** FL 85 Zip Code **33178**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0502, Florida Statutes.

SIGNATURE *X Radames J. Ramos* *X 03/10/95*
Signature (Typed or printed name of registered agent and the filer) (Typed or printed name of registered agent and the filer)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
1 PSD **RADAMES, JORGE RAMOS** **3430 NW 73 AVENUE 3534 N. W. ESTEPONA AVE** **MIAMI FL 33122-33178**
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19
20

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP
71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY ST ZIP
81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY ST ZIP
91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY ST ZIP
101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY ST ZIP
111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY ST ZIP
121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY ST ZIP
131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY ST ZIP
141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY ST ZIP
151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY ST ZIP
161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY ST ZIP
171 TITLE 172 NAME 173 STREET ADDRESS 174 CITY ST ZIP
181 TITLE 182 NAME 183 STREET ADDRESS 184 CITY ST ZIP
191 TITLE 192 NAME 193 STREET ADDRESS 194 CITY ST ZIP
201 TITLE 202 NAME 203 STREET ADDRESS 204 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption relating to fees for the filing of this statement. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the filer or an individual empowered to execute this report as required by Chapter 449, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment only as indicated.

SIGNATURE: *X Radames J. Ramos* *02/22/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S66287

1. Corporation Name

E.N.T. ASSOCIATES OF NORTHWEST FLORIDA, P.A.

Principal Place of Business

5149 N. NINTH AVENUE
SUITE 105
PENSACOLA, FL 32504

Mailing Address

SAME

100001441771
07/28/95--01079--019
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
7/10/91

3a. Date of Last Report
8/94

2. Principal Place of Business

2a. Mailing Address

21

20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-3076227

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIEL R. LOZIER

125 W. ROMANA ST., SUITE 222
PENSACOLA, FL 32592-0408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/D	THOMAS R. SCHNEIDER	5149 N. NINTH AVE., SUITE 105	PENSACOLA, FL 32504
V/D	WILLIAM B. CLARK	5149 N. NINTH AVE., SUITE 105	PENSACOLA, FL 32504

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS R. SCHNEIDER

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3/20/95 (904) 484-0520

RW 3-24-95

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S66287

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Principal Place of Business

5149 N. NINTH AVENUE
SUITE 105
PENSACOLA, FL 32504

Mailing Address

SAME

1100011111111111
1100011111111111
****2001.00****2001.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
7/10/91

3a. Date of Last Report
8/94

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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Not Applicable

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Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIEL R. LOZIER

125 W. ROMANA ST., SUITE 222
PENSACOLA, FL 32592-0408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

FL

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Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

OFFICERS AND DIRECTORS

1. TITLE
P/D
2. NAME
THOMAS R. SCHNEIDER
3. STREET ADDRESS
5149 N. NINTH AVE., SUITE 105
4. CITY-ST-ZIP
PENSACOLA, FL 32504

5. TITLE
V/D
6. NAME
WILLIAM B. CLARK
7. STREET ADDRESS
5149 N. NINTH AVE., SUITE 105
8. CITY-ST-ZIP
PENSACOLA, FL 32504

9. TITLE
NAME
10. STREET ADDRESS
CITY-ST-ZIP

11. TITLE
NAME
12. STREET ADDRESS
CITY-ST-ZIP

13. TITLE
NAME
14. STREET ADDRESS
CITY-ST-ZIP

15. TITLE
NAME
16. STREET ADDRESS
CITY-ST-ZIP

17.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE

☐ Change ☐ Addition

2. 2 NAME

3. 3 STREET ADDRESS

4. 4 CITY-ST-ZIP

5. 5 TITLE

☐ Change ☐ Addition

6. 6 NAME

7. 7 STREET ADDRESS

8. 8 CITY-ST-ZIP

9. 9 TITLE

☐ Change ☐ Addition

10. 10 NAME

11. 11 STREET ADDRESS

12. 12 CITY-ST-ZIP

13. 13 TITLE

☐ Change ☐ Addition

14. 14 NAME

15. 15 STREET ADDRESS

16. 16 CITY-ST-ZIP

17. 17 TITLE

☐ Change ☐ Addition

18. 18 NAME

19. 19 STREET ADDRESS

20. 20 CITY-ST-ZIP

21. 21 TITLE

☐ Change ☐ Addition

22. 22 NAME

23. 23 STREET ADDRESS

24. 24 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. Further, I am an officer or director of the corporation or the incorporator or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS R. SCHNEIDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR PERSON ON BEHALF OF

3/20/95 (904)484-0520

KW 3-24-95

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Secretary of State
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DOCUMENT # S66287

1. Corporation Name

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Principal Place of Business

Mailing Address

5149 N. NINTH AVENUE
SUITE 105
PENSACOLA, FL 32504

SAME

100001441771
03/28/95-010/95-FLU
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
7/10/91

3a. Date of Last Report
8/94

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

2b

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-3076227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIEL R. LOZIER

125 W. ROMANA ST., SUITE 222
PENSACOLA, FL 32592-0408

10. Name and Address of New Registered Agent

81 Name

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DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

1. OFFICER

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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SIGNATURE:

THOMAS R. SCHNEIDER

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR DIRECTOR

3/20/95 (904)484-0520

HW 3-24-95

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Suite, Apt. #, etc.

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Country

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7/10/91

3a. Date of Last Report
8/94

4. FEI Number

59-3076227

Applied For

Not Applicable

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Trust Fund Contribution

☐

\$5.00 May Be
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Florida Statutes

☒ Yes ☐ No

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DANIEL R. LOZIER

125 W. ROMANA ST., SUITE 222
PENSACOLA, FL 32592-0408

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

OFFICERS AND DIRECTORS

1. P/D
THOMAS R. SCHNEIDER
5149 N. NINTH AVE., SUITE 105
PENSACOLA, FL 32504

2. V/D
WILLIAM B. CLARK
5149 N. NINTH AVE., SUITE 105
PENSACOLA, FL 32504

3. NAME
STREET ADDRESS
CITY-ST-ZIP

4. NAME
STREET ADDRESS
CITY-ST-ZIP

5. NAME
STREET ADDRESS
CITY-ST-ZIP

6. NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

THOMAS R. SCHNEIDER

3/20/95 (904)484-0520

3-24-95